

REQUEST FOR PATENT FEE REFUND

2 Serial/Patent #

10/517491

6 AMOUNT

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$ 100

Treasury Check

Credit Deposit A/C #:

0	2	--	2	1	3	5
---	---	----	---	---	---	---

No Fee Due (Explanation):

TYPED/PRINTED NAME:

John Anderson

TITLE:

Para Legal Specialist

SIGNATURE:

John Hunter

PHONE:

308-9/40 + 211

OFFICE:

PCT - DO/EU

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**